TOWN OF CLARENCE RECREATION DEPARTMENT

GENERAL RELEASE

(PLEASE USE A SEPARATE FORM FOR EACH PARTICIPANT)

I,	the undersigned, resid		(hereinafter the
	fy that I am the (parent or gu, a Town o	nardian of	a participant) (a
of the Town of Clarence an Clarence, and all Town Offi Boards of the Town of Clare executors, administrators, s actions, causes of action, covenants, contracts, contro executions, claims, and der RELEASOR, RELEASOR'	d other valuable consideration cers, Town Employees, Town Employees, Town ence, fire districts, fire comparence, fire districts, fire comparences and assigns (herein suits, debts, dues, sums of oversies, agreements, promismands whatsoever, in law, as S heirs, executors, administ have for, upon, or by reason	ties, supported and assisted by the In the RELEASOR releases and did Agents, Boards of the Town and Innies, all ambulance companies and mafter collectively referred to as I money, accounts, reckonings, boses, variances, trespasses, damages admiralty or equity, which against crators, successors and assigns evor of any matter, cause or thing what	ischarges the Town of Board members of any their respective heirs, RELEASEE) from all ands, bills, specialties, s, judgments, extents, the RELEASEE, the er had, now have or
		gainst any loss which may be sustai ements, either verbal or written sha	
any accident, personal injur- injury occurring to me duri Department of the Town of	y or other insurance which wing or in connection with the Clarence serves as a catalyst	EASEE, nor any other body, organized protect me in the event of an ele activities. I further acknowledge for the organization of these recreation of the recreational are	ny accident, death, or ge that the Recreation tional activities and is
		agreement by all to abide by and to sents may arise. This MUST be turned	
DATED:			
Clarence, New York	Signature	Phone Number	
I, whose name is hereto subscri in my presence.	bed, do certify that on the above	e date the above releasor subscribed his	/her name to this release
	residing at		
(Witness Signature)			
(Print Name)			